

• HEALTH PLAN QUALITY AND PERFORMANCE •

- ◆ **Final Reporting Requirements for Maryland Commercial HMOs in 2009 & 2010**
  - ◆ **Voluntary Health Plan Quality Reporting: 2009 Measurement Set**

The final reporting requirements for reporting years 2009 and 2010 are detailed in the following pages. The requirements have not been amended from those proposed in November.

Please refer to the page following this transmittal for a summary of changes from reporting requirements previously adopted in December 2007 for reporting in 2009. Commercial HMOs that are currently operating in Maryland are affected by these requirements for reporting on their performance.

The last section of this document describes health plan quality measurement and report expansion in 2009. Aetna, CareFirst, and CIGNA will voluntarily report HEDIS and member satisfaction information for their PPO health plans.

STATE OF MARYLAND



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**MARYLAND HEALTH CARE COMMISSION**

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215  
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**HMO Reporting Requirements for 2009 & 2010—**  
**Includes Changes to Preliminary Recommendations made in December 2007 for reporting year 2009**

**ADDED** ADULT BMI— reports the percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index documented during the measurement year or the year prior.

WEIGHT ASSESSMENT & COUNSELING FOR NUTRITION & PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS—reports the percentage of members 2-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

**RETIRED** MHCC-specific measure CDC-Composite

**REVISED** Unless otherwise specified, plans collecting and reporting performance data in 2009 will incorporate changes to existing measures as described in *Vol. 2 HEDIS 2009 Technical Specifications*.

**CLARIFICATION**

MHCC will not authorize funding for over-sampling in the CAHPS survey beyond the ten percent limit contractually agreed upon with the survey vendor. The CAHPS methodology permits over-sampling for plans that do not eliminate disenrolled members from their membership files or perform other member data updates by the submission deadline. Plans may opt to oversample at their own expense if they cannot ensure timely generation of updated member files based on the survey criteria identified in the CAHPS protocol or if their analysis of prior results indicate insufficient response rates.

Each plan must submit performance data for every fully insured AND self insured group with which it contracts. Contracts for administrative services only (ASO contracts) do not preclude data reporting.

**7 PLANS** Based on plans' 2007 annual filings to the Maryland Insurance Administration and that agency's annual report to this Commission, the roster of plans meeting criteria for reporting will be seven in 2009.

As in the past, plans may choose to submit combined data for HMO and point of service products that operate under the HMO's license.

# Maryland Health Care Commission

## HMO Quality and Performance Evaluation System

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### *HEDIS Measures to be submitted in 2009*

#### Effectiveness of Care

- **Adult BMI Assessment (New)**
- Annual Monitoring for Patients on Persistent Medications
- Antidepressant Medication Management
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status
- Chlamydia Screening in Women
- Cholesterol Management for Patients with Cardiovascular Conditions
- Colorectal Cancer Screening
- Comprehensive Diabetes Care –**includes <8 % HbA1c control**
- Controlling High Blood Pressure
- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis
- Flu Shots for Adults ( *based on CAHPS survey data*)
- Follow-up After Hospitalization for Mental Illness
- Follow-up Care for Children Prescribed ADHD Medication
- Medical Assistance with Smoking Cessation (*based on CAHPS survey data*)
- Persistence of Beta Blocker Treatment After a Heart Attack
- Pharmacotherapy Management of COPD Exacerbation
- Use of Appropriate Medications for People with Asthma
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (New)**

#### Access/Availability of Care

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Prenatal and Postpartum Care

#### Satisfaction with the Experience of Care

- CAHPS® 4.0H, Adult Survey

# **Maryland Health Care Commission HMO Quality and Performance Evaluation System**

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## ***HEDIS Measures to be submitted in 2009***

### **Use of Services**

- Adolescent Well-Care Visits
- Ambulatory /ED Care
- Antibiotic Utilization
- Frequency of Selected Procedures
- Identification of Alcohol and Other Drug Services
- Inpatient Utilization (General Hospital/Acute Care)
- Inpatient Utilization (Non-Acute Care)
- Mental Health Utilization – % of Members Receiving Services
- Outpatient Drug Utilization
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

### **Cost of Care**

- Relative Resource Use for People with Diabetes
- Relative Resource Use for People with Asthma
- Relative Resource Use for People with Acute Low Back Pain
- Relative Resource Use for People with Cardiovascular Conditions
- Relative Resource Use for People with Uncomplicated Hypertension
- Relative Resource Use for People with COPD

### **Health Plan Descriptive Information**

- Board Certification
- Enrollment by Product Line (Member Years/Member Months)
- Enrollment by State

### **Health Plan Stability**

- Years in Business/Total Membership

## Maryland Health Care Commission HMO Quality and Performance Evaluation System

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### *MHCC Measures to be submitted in 2009*

#### **Additional measures to be reported by each HMO:**

##### **Mental Health/Chemical Dependency ("Behavioral Health")**

1. Provide the percentage of enrolled members that have behavioral health benefits with your plan. Provide all accreditation information for any segment of your health plan directly responsible for behavioral health services that has received accreditation (name, accreditation status, and date of accreditation expiration).
2. Provide the percentage of enrolled members with behavioral health benefits through your plan that are served by an external provider/MBHO. Provide name, accreditation status, and date of accreditation expiration of any external entity that provides behavioral health services to plan members through a contractual arrangement with your plan.
3. Provide the number of practitioners **located in the health plan's service area** from the available behavioral health network by discipline (psychiatry, psychology, social work, nurse psychotherapists, certified professional counselors, and licensed clinical alcohol and drug counselors).
4. Provide the percentage of network psychiatrists **located in the health plan's service area** who are board certified.

**Maryland Health Care Commission**  
**HMO Quality and Performance Evaluation System**

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***HMOs Required to Submit Performance Reports in 2009***

Aetna Health Inc.—Maryland, DC, Virginia (Aetna)

CareFirst BlueChoice, Inc. (BlueChoice)

CIGNA HealthCare Mid-Atlantic, Inc. (CIGNA)

Coventry Health Care of Delaware, Inc. (Coventry)

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente)

MD- Individual Practice Association, Inc. (M.D. IPA)

Optimum Choice, Inc. (OCI)

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## HMO Quality and Performance Evaluation System

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- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

#### **Access/Availability of Care**

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Prenatal and Postpartum Care

#### **Satisfaction with the Experience of Care**

- CAHPS® 4.0H, Adult Survey

# **Maryland Health Care Commission HMO Quality and Performance Evaluation System**

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# Maryland Health Care Commission HMO Quality and Performance Evaluation System

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**HMO Quality and Performance Evaluation System**

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## **Maryland Health Care Commission**

The Commission's regulations, COMAR 10.25.08, require HMOs that meet the following conditions to submit HMO Performance reports to the Commission:

- (a) hold a certificate of authority in Maryland;
- (b) report over \$1 million in written premium volume in Maryland based on the annual statement submitted to the Maryland Insurance Administration ("MIA") during the calendar year preceding the reporting period [for reports to be submitted in 2009 - premium reported for calendar year 2007]; and
- (c) less than 65 percent of its Maryland enrollees receive coverage through the Medicaid and Medicare programs, as reported in the annual statement submitted to the MIA during the calendar year preceding the reporting period.

**EXPANSION OF HEALTH PLAN QUALITY REPORTING:  
Background and Voluntary Activities of PPO Health Plans in 2008**

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Background: PPO Quality Reporting

To test the administrative feasibility of performance reporting by preferred provider organizations (PPOs), the Maryland Health Care Commission hosted a series of conference calls throughout 2006 with quality improvement directors from insurers submitting HEDIS data to the state for their HMO product line: Aetna, CareFirst, CIGNA, Coventry, Kaiser, and United Healthcare.

Two insurers agreed to undergo a simultaneous quality evaluation and audit of their PPO and HMO products in 2007. The evaluation was based on a limited measurement set using the administrative data collection method.

From this study it was determined that PPO performance reporting was feasible using the HEDIS audit tool and protocol. In 2008, Maryland became the first state to provide audited, comparative data on the quality of PPOs. Results gathered from the four health plans contributing to this report series were displayed alongside HMO results to aid consumers in their evaluation of health plan offerings from their employers.

For the near-term three health plans continue in their support of building consumer awareness of health plan quality. The voluntary participation of these PPO plans signifies a broad-based commitment from them to collectively use quality measurement and reporting to achieve a *healthier Maryland*. However, as this is relatively uncharted performance assessment territory, MHCC will continue to assess the influence PPO health plans can exert on clinical quality improvement.

## Maryland Health Care Commission HMO Quality and Performance Evaluation System

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### *HEDIS Measures to be submitted voluntarily by PPOs in 2009*

- Antidepressant Medication Management
- Appropriate Testing for Children With Pharyngitis
- Appropriate TX for Children With Upper Respiratory Infection
- Avoidance of Antibiotic TX in Adults With Acute Bronchitis
- Breast Cancer Screening
- Cervical Cancer Screening<sup>1</sup>
- Cholesterol Mgmt for Patients With Cardiovascular Conditions, LDL-C screening<sup>1</sup>
- Colorectal Cancer Screening<sup>2</sup>
- Comprehensive Diabetes Care<sup>1</sup> :
  - HbA1c testing
  - LDL-C screening
  - Medical attention for nephropathy
- Follow-Up After Hospitalization for Mental Illness
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Use of Appropriate Medications for People with Asthma
- Use of Imaging Status for Low Back Pain
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD<sup>2</sup>
- CAHPS 4.0H Adult Survey

1. Data collected by participating PPO plans in 2008 but not publicly reported.

2. New NCQA PPO accreditation requirement for 2009.

ADDITIONAL INSTRUCTIONS:

- Following NCQA specifications, in 2010 PPOs may use the hybrid method for data collection for applicable measures.
- Member Months and Enrollment tables will be used in ratio calculation for benchmarking.

Table	Purpose	Preliminary results deadline	Include final results in IDSS	For public reporting by MHCC
Table EBS-2: Member Enrollment by State (p. 387)	PPO compliance with NCQA General Guidelines 1 through 4	January, concurrent with CAHPS sample frame review	Yes	No
Table ENP-2: Member Months of Enrollment by Product Line (p. 386) (complete table)	Benchmarking of CAHPS sample frame;  IDSS review	<u>Total (male/female):</u> January, concurrent with CAHPS sample frame review.  <u>Full table:</u> May, concurrent with preliminary rate review.	Yes	No

**PPO HEALTH PLANS VOLUNTARILY PARTICIPATING IN 2009**

Aetna Health Inc.

CareFirst, BlueCross BlueShield

CIGNA HealthCare, Inc.